



2004

Behavioral Risk Factor Surveillance System

State Questionnaire

Massachusetts

2004

Draft (December 23, 2003)

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

2004 Massachusetts Behavioral Risk Factor Surveillance System (Draft, November 24, 2003)		
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HELLO, I'm calling for the Massachusetts Department of Public Health and the Centers for Disease Control and Prevention. My name is (name). We're gathering information on the health of Massachusetts residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

Is this (phone number)? If "no"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **Stop**

Is this a private residence? If "no"

Thank you very much, but we are only interviewing private residences. **Stop**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. [Enter 1 man or 1 woman below. (Ask gender if necessary.)] **{Go to page 2}**

If "no" Is the adult a man or a woman? [Enter 1 man or 1 woman below.] May I speak with [fill in (him/her) from previous question?] [Go to "correct respondent" at bottom of page]

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.
{If "you," go to page 2}

To correct respondent:

HELLO, I'm (name) calling for the Massachusetts Department of Public Health and the Centers for Disease Control and Prevention. We're gathering information on the health of Massachusetts residents. Your phone number has been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

[The interview may be monitored for quality assurance purposes.]

Section 1: Health Status

1.1. Would you say that in general your health is: (73)

Please read

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read

- 7 Don't know / Not sure
- 9 Refused

Section 2: Healthy Days - Health-related Quality of Life

2.1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (74-75)

- | | | |
|-------|-------|-----------------------|
| _____ | _____ | Number of days |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

2.2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (76-77)

- | | | |
|-------|-------|---|
| _____ | _____ | Number of days |
| 8 | 8 | None {If Q2.1 also "None", go to next section} |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

2.3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (78-79)

- | | | |
|-------|-------|-----------------------|
| _____ | _____ | Number of days |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Section 3: Health Care Access

3.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (80)

- 1 Yes
- 2 No **{Go to MA 3.3}**
- 7 Don't know / Not sure **{Go to MA 3.3}**
- 9 Refused **{Go to MA 3.3}**

State Added: Health Care Access

[Splits 1,2,3]

MA3.1. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have

Medicare?

- | | |
|---|-------------------------|
| 1 | Yes {Go to Q3.2} |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

MA3.2 What type of health care coverage do you use to pay for most of your medical care?

please read

Is it coverage through: Coverage Code — —

- | | |
|--------------------|--|
| 01 | Your employer |
| 02 | Someone else's employer |
| 03 | A plan that you or someone else buys on your own |
| 04 | Medicare |
| 05 | Medicaid or Masshealth |
| 06 | The military, CHAMPUS, TriCare or the VA [or CHAMP-VA] |
| 07 | The Indian Health Service [or the Alaska Native Health Service] |
| or | |
| 08 | Some other source |
| do not read | |
| 88 | None |
| 77 | Don't know/Not Sure |
| 99 | Refused |

{All from MA3.2 go to Core Q3.2}

MA3.3. There are some types of coverage that you may not have considered. Please tell me if you have any of the following:

please read

Coverage through: Coverage Code — —

- | | |
|--------------------|--|
| 01 | Your employer |
| 02 | Someone else's employer |
| 03 | A plan that you or someone else buys on your own |
| 04 | Medicare |
| 05 | Medicaid or Masshealth |
| 06 | The military, CHAMPUS, TriCare or the VA [or CHAMP-VA] |
| 07 | The Indian Health Service [or the Alaska Native Health Service] |
| or | |
| 08 | Some other source |
| do not read | |
| 88 | None |
| 77 | Don't know/Not Sure |
| 99 | Refused |

3.2. Do you have one person you think of as your personal doctor or health care provider?
[If "No," ask: "Is there more than one or is there no person who you think of?"]
(81)

- | | |
|---|-----------------------|
| 1 | Yes, only one |
| 2 | More than one |
| 3 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

- 3.3. Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost? (82)

1 Yes
2 No
7 Don't know/Not sure
9 Refused

Section 4: Exercise

- 4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (83)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 5: Environmental Factors

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

- 5.1. Things like dust, mold, smoke, and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptom that you think was caused by something in the air inside a home, office, or other building? (84)

[NOTE: If respondent has experienced an illness or symptom within the past 12 months that was caused by something in the air you encountered more than 12 months ago, the answer is "Yes".]

1 Yes
2 No
7 Don't know / Not Sure
9 Refused

- 5.2. Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptom that you think was caused by pollution in the air outdoors? (85)

[NOTE: This question does not refer to natural agents like pollen or dust in outdoor air. If respondent is experiencing an illness or symptom within the past 12 months that was caused by something in the air they encountered more than 12 months ago, the answer is "Yes".]

1 Yes
2 No
7 Don't know / Not Sure
9 Refused

Section 6: Excess Sun Exposure

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours. (86)

6.1 Have you had a sunburn within the past 12 months? (86)

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not Sure **[Go to next section]**
- 9 Refused **[Go to next section]**

6.2 Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months? (87)

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more
- 7 Don't know / Not sure
- 9 Refused

Section 7: Tobacco Use

7.1. Have you smoked at least 100 cigarettes in your entire life? (88)

[5 packs=100 cigarettes]

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

7.2. Do you now smoke cigarettes every day, some days, or not at all? (89)

- 1 Every day
- 2 Some days
- 3 Not at all **[Go to next section]**
- 9 Refused **[Go to next section]**

7.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (90)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 8: Alcohol Consumption

8.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?
(91-93)

- 1 ___ Days per week
 2 ___ Days in past 30
 8 8 8 No drinks in past 30 days **[Go to next section]**
 7 7 7 Don't know / Not sure
 9 9 9 Refused **[Go to next section]**

8.2. On the days when you drank, about how many drinks did you drink on the average? (94-95)

- ___ Number of drinks
 7 7 Don't know / Not sure
 9 9 Refused

8.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (96-97)

- ___ Number of times
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

8.4 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (98-99)

- ___ Number of times
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

Section 9: Asthma

9.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (100)

- 1 Yes
 2 No **[Go to next section]**
 7 Don't know / Not sure **[Go to next section]**
 9 Refused **[Go to next section]**

9.2. Do you still have asthma? (101)

- 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

Section 10: Diabetes

10.1. Have you ever been told by a doctor that you have diabetes? (102)
[If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"]
[If Respondent says pre-diabetes or borderline diabetes, use response code 4.]

- 1 Yes
 2 Yes, but female told only during pregnancy
 3 No
 4 No, pre-diabetes or borderline diabetes
 7 Don't know / Not sure

Section 11: Oral Health

- 11.1. How long has it been since you last visited a dentist or a dental clinic for any reason?
[Include visits to dental specialists, such as orthodontists] (103)
[NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.]

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

- 11.2. How many of your permanent teeth have been removed because of tooth decay or gum disease?
 Do not include teeth lost for other reasons, such as injury or orthodontics.
[Include teeth lost due to "infection"] (104)

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

{IF Q11.1 = 8/NEVER OR Q11.2 = 3/ALL, SKIP TO NEXT SECTION}

- 11.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?
 (105)

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 12: Immunization

- 12.1. During the past 12 months, have you had a flu shot? (106)
[read if necessary: We want to know if you had a flu shot injected in your arm.]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 12.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose?
 (107)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-Added Flu Questions

[Splits 2,3]

{If Q12.1=1 or Q12.2=1 then go to MA12.1 else if Q12.1=2 and Q12.2=2 then go to MA12.2}

MA12.1 At what kind of place did you get your last {if Q12.1=1 then read "flu shot", if Q12.2=1 then read "flu vaccine that was sprayed in your nose"?}

[READ ONLY IF NECESSARY]

Would you say:

- 01 A doctor's office or health maintenance organization
- 02 A health department
- 03 Another type of clinic or health center **[Example: a community health center]**
- 04 A senior, recreation, or community center
- 05 A store **[Examples: supermarket, drug store]**
- 06 A hospital or emergency room
- 07 Workplace
- Or**
- 08 Some other kind of place **[specify]** _____
- 77 Don't know
- 99 Refused

{From MA12.1, all go to Core Q12.3}

MA12.2 What is the main reason you didn't get a flu shot or a flu spray in the nose?

[READ ONLY IF NECESSARY]

Would you say:

- 01 Didn't know I needed it
- 02 Doctor didn't recommend it
- 03 Didn't think of it/forgot/missed it
- 04 Tried to get a flu shot, but no flu shots were available
- 05 Tried to get a flu shot, but my doctor said I didn't need it
- 06 Didn't think it would work
- 08 Don't need a flu shot/not at risk/flu not serious
- 10 Shot could give me the flu/allergic reaction/other health problem
- 11 Doctor recommended against getting the shot/allergic to shot/medical reasons
- 12 Don't like shots or needles / don't want it
- Or**
- 13 Other **[specify]** _____
- 77 Don't Know/Not Sure
- 99 Refused

12.3. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

(108)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 13: Demographics

13.1. What is your age? (109-110)

Code age in years [99 = 99 or higher]
0 7 Don't know / Not sure
0 9 Refused

13.2. Are you Hispanic or Latino? (111)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

13.3. Which one or more of the following would you say is your race? (112-117)
[Check all that apply]

Please read

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian, Alaska Native

Or

6 Other [specify] _____

Do not read

8 No additional choices
7 Don't know / Not sure
9 Refused

{If more than one response to Q13.3, continue. Otherwise, go to pre-MA13.1}

13.4. Which one of these groups would you say best represents your race? (118)

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian or Alaska Native
6 Other [specify] _____
7 Don't know / Not sure
9 Refused

State-added Ethnicity

[Splits 1,2,3]

{If Q13.2 = 1 or Q13.3 = 3 then Go to MA13.1; else go to Q13.5}

MA13.1. Which best describes your ancestry or heritage? Would you say ...**{If Q13.2 = 1, please read 1,2,3,4,6,12,13; Else if Q13.3 = 3, please read 5,6,8,10,11,14}**

Please read

1 Puerto Rican
2 Dominican
3 Mexican

- 4 Salvadorian
- 5 Chinese
- 6 Filipino
- 8 Cambodian
- 10 Vietnamese
- 11 Japanese
- Or**
- 12 Other Central American **[specify]** _____
- 13 Other South American **[specify]** _____
- 14 Other Asian **[specify]** _____
- Do not read**
- 77 Don't Know/Not Sure
- 99 Refused

13.5 Are you? (119)

- Please read**
- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- Or**
- 6 A member of an unmarried couple
- Do not read**
- 9 Refused

13.6 How many children less than 18 years of age live in your household? (120-121)

- _____ Number of children
- 8 8 None
- 9 9 Refused

13.7 What is the highest grade or year of school you completed? (122)

- Read only if necessary**
- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused

13.8. Are you currently? (123)

- Please read**
- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A homemaker
- 6 A student
- 7 Retired
- Or**
- 8 Unable to work
- Do not read**
- 9 Refused

13.9 Is your annual household income from all sources? (124-125)

[If respondent refuses at ANY income level, code '99 Refused']

Read as appropriate

- 04 Less than \$25,000 **{If "no," ask 05; if "yes," ask 03}**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **{If "no," code 04; if "yes," ask 02}**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **{If "no," code 03; if "yes," ask 01}**
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **{If "no," code 02}**
- 05 Less than \$35,000 **{If "no," ask 06}**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **{If "no," ask 07}**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **{If "no," code 08}**
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read

- 77 Don't know / Not sure
- 99 Refused

13.10. About how much do you weigh without shoes? (126-129)

[Note: If respondent answers in metrics, put "1" in column 126.]

Round fractions up

___	___	___	___	Weight
pounds	/	kilograms		
7	7	7	7	Don't know / Not sure
9	9	9	9	Refused

13.11. About how tall are you without shoes? (130-133)

[Note: If respondent answers in metrics, put "1" in column 130.]

Round fractions down

___	/	___	Height
ft / inches	/	meters / centimeters	
7	7	7	7
9	9	9	9

State-Added City/Town

[Splits 1,2,3]

MA13.2. What city or town do you live in?

8 8 8	Town code [001-351]
7 7 7	OTHER: [SPECIFY] _____
9 9 9	Don't Know/Not Sure
	Refused

[Please Note: ALLSTON, BRIGHTON, BACK BAY, BEACON HILL, CHARLESTOWN, DORCHESTER, E. BOSTON, FENWAY, HYDE PARK, JAMAICA PLAIN, MATTAPAN, ROSLINDALE, ROXBURY, MISSION HILL, S. BOSTON, W. ROXBURY=BOSTON]

State-Added Zipcode

[Splits 1,2,3]

MA13.3. What is your zip code?

0	Zip code
77777	Don't know/not sure
99999	Refused

13.13. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

(137)

1	Yes
2	No [Go to Q13.15]
7	Don't know / Not sure [Go to Q13.15]
9	Refused [Go to Q13.15]

13.14. How many of these phone numbers are residential numbers?

(138)

	Residential telephone numbers [6=6 or more]
7	Don't know / Not sure
9	Refused

13.15. During the past 12 months, has your household been without telephone service for 1 week or more?

(139)

[Note: Do not include interruptions of phone service because of weather or natural disasters.]

1	Yes
2	No
7	Don't know / Not sure
9	Refused

13.16. Indicate sex of respondent.

[NOTE: Ask only if necessary]

(140)

1	Male [Go to next section]
2	Female

{If respondent 45 years old or older, go to next section.}

13.17. To your knowledge, are you now pregnant?

(141)

1	Yes
2	No
7	Don't know / Not sure

State Added: Sexual Orientation

[Split 1,2,3]

{If age 65 and older, go to Section 14}

{Ask Among adults ages 18-64}

{if S13Q1=7 or 9 continue}

MA13.4. Do you consider yourself to be:

Please read

- 1 Heterosexual or straight
- 2 Homosexual or [if respondent is male read “**gay**”; else if female, read “**lesbian**”]
- 3 Bisexual

or

- 4 other

do not read

- 7 Don't Know/Not Sure
- 9 Refused

Section 14: Veteran's Status

14.1 The next question relates to military service. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?
(142)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know/Not sure [Go to next section]
- 9 Refused [Go to next section]

14.2 Which of the following best describes your service in the United States Military?
(143)

Please read:

- 1 Currently on active duty [Go to next section]
- 2 Currently in a National Guard or Reserve unit [Go to next section]
- 3 Retired from military service
- 4 Medically discharged from military service
- 5 Discharged from military service

Do not read:

- 7 Don't know/not sure [Go to next section]
- 9 Refused [Go to next section]

14.3 In the last 12 months have you received some or all of your health care from VA facilities?
(144)

[NOTE: If “Yes” probe for “all” or “some” of the health care.]

- 1 Yes, all of my health care
- 2 Yes, some of my health care
- 3 No, no VA health care received
- 7 Don't know/Not sure
- 9 Refused

Section 15: Women's Health

{If respondent is male, go to next section}

15.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (145)

- 1 Yes
- 2 No **[Go to Q15.3]**
- 7 Don't know / Not sure **[Go to Q15.3]**
- 9 Refuse **[Go to Q15.3]**

15.2. How long has it been since you had your last mammogram? (146)

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

15.3. A clinical breast exam is when a doctor, nurse or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (147)

- 1 Yes
- 2 No **[Go to Q15.5]**
- 7 Don't know / Not sure **[Go to Q15.5]**
- 9 Refused **[Go to Q15.5]**

15.4. How long has it been since your last breast exam? (148)

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (149)

- 1 Yes
- 2 No **[Go to Q15.7]**
- 7 Don't know / Not sure **[Go to Q15.7]**
- 9 Refused **[Go to Q15.7]**

15.6 How long has it been since you had your last Pap test? (150)

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)

- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

{If response to Q13.17 is 1 (is pregnant) go to next section}

15.7. Have you had a hysterectomy? (151)

[NOTE: A hysterectomy is an operation to remove the uterus (womb)]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 16: Prostate Cancer Screening

{If respondent is 39 years old or younger, or is female, go to Q17.1}

16.1. A prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (152)

- 1 Yes
- 2 No **[Go to Q16.3]**
- 7 Don't know / Not sure **[Go to Q 16.3]**
- 9 Refused **[Go to Q16.3]**

16.2. How long has it been since you had your last PSA test? (153)

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

16.3. A digital rectal exam is an exam in which a doctor, nurse or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (154)

- 1 Yes
- 2 No **[Go to Q16.5]**
- 7 Don't know / Not sure **[Go to Q16.5]**
- 9 Refused **[Go to Q16.5]**

16.4. How long has it been since your last digital rectal exam? (155)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure

9 Refused

16.5. Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer? (156)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 17: Colorectal Cancer Screening

{If respondent is 49 years old or younger, go to Q18.1}

17.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (157)

- 1 Yes
- 2 No **[Go to Q17.3]**
- 7 Don't know / Not sure **[Go to Q17.3]**
- 9 Refused **[Go to Q17.3]**

17.2. How long has it been since you had your last blood stool test using a home kit? (158)

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

17.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (159)

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

17.4 How long has it been since you had your last sigmoidoscopy or colonoscopy? (160)

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know / Not sure
- 9 Refused

Section 18: Family Planning

{If respondent is female and 45 years of age or older, has had a hysterectomy, is pregnant, or male 60 years or older, go to next section.}

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

- 18.1.** Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your [if female, insert husband/partner, if male, insert wife/partner] doing anything now to keep [if female, insert you], if male, insert her] from getting pregnant? (161)

[NOTE: If more than one partner, consider usual partner.]

- 1 Yes
- 2 No **[Go to Q18.3]**
- 3 No partner/not sexually active **[Go to State-Added 18: Family Planning]**
- 4 Same sex partner **[Go to State-Added 18: Family Planning]**
- 7 Don't know / Not sure **[Go to State-Added 18: Family Planning]**
- 9 Refused **[Go to State-Added 18: Family Planning]**

- 18.2.** What are you or your [if female, insert husband/partner, if male, insert wife/partner] doing now to keep [if female, insert you, if male, insert her] from getting pregnant? (162-163)

Read only if necessary

- 01 Tubes tied **[Go to State-Added 18: Family Planning]**
- 02 Hysterectomy (female sterilization) **[Go to State-Added 18: Family Planning]**
- 03 Vasectomy (male sterilization) **[Go to State-Added 18: Family Planning]**
- 04 Pill, all kinds (Seasonale, etc.) **[Go to State-Added 18: Family Planning]**
- 05 Condoms (male or female) **[Go to State-Added 18: Family Planning]**
- 06 Contraceptive implants (Jadelle or Implants) **[Go to State-Added 18: Family Planning]**
- 07 Shots (Depo-Provera) **[Go to State-Added 18: Family Planning]**
- 08 Shots (Lunelle) **[Go to State-Added 18: Family Planning]**
- 09 Contraceptive Patch **[Go to State-Added 18: Family Planning]**
- 10 Diaphragm, cervical ring, or cap (Nuvaring or others) **[Go to State-Added 18: Family Planning]**
- 11 IUD (including Mirena) **[Go to State-Added 18: Family Planning]**
- 12 Emergency contraception (EC) **[Go to State-Added 18: Family Planning]**
- 13 Withdrawal **[Go to State-Added 18: Family Planning]**
- 14 Not having sex at certain times (rhythm) **[Go to State-Added 18: Family Planning]**
- 15 Other method (foam, jelly, cream, etc.) **[Go to State-Added Literal]**
- 77 Don't know / Not sure **[Go to State-Added 18: Family Planning]**
- 99 Refused **[Go to State-Added 18: Family Planning]**

State-added literal: Other method(s) [specify] _____ State-Added 18: Family Planning

- 18.3** What is your main reason for not doing anything to keep [if female, insert "you," if male, insert "your wife/partner"] from getting pregnant? (164-165)

Read only if necessary

- 01 Didn't think was going to have sex/no regular partner
- 02 You want a pregnancy
- 03 You or your partner don't want to use birth control

- 04 You or your partner don't like birth control/fear side effects
- 05 You can't pay for birth control
- 06 Lapse in use of a method
- 07 Don't think you or your partner can get pregnant
- 08 You or your partner had tubes tied (sterilization)
- 09 You or your partner had a vasectomy (sterilization)
- 10 You or your partner had a hysterectomy
- 11 You or your partner are too old
- 12 You or your partner are currently breast-feeding
- 13 You or your partner just had a baby/postpartum
- 14 Other reason
- 15 Don't care if get pregnant
- 16 Partner is pregnant now
- Do not read**
- 77 Don't know / Not sure
- 99 Refused

State-added Family Planning

[Splits 1,2,3]

{If Respondent is male age 60 and older or women age 45 and older, go to next section;
Else if woman age 18-44 and core Q18.1 = [2,3,4,7,9] then go to pre-MA18.2;
Else if Core Q18.2=01,02,03 or Core Q18.3=08,09,10 go to pre-MA18.2
~~**Else if Core Q18.3=16 go to MA18.4**~~
Else if core Q18.1 = 1, then continue}

MA18.1. Overall, how satisfied are you with using **{enter response to core Q18.2}** as a birth control method? Would you say...

Please read

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very Dissatisfied
- 7 Don't know
- 9 Refused

pre-MA18.2:

{If pregnant now ("Yes" to Q13.17), go to MA18.4; Else if woman age 18-44 and Q13.17 = [2,7,9], then continue}

MA18.2. Have you been pregnant in the last 5 years?

- 1 Yes
- 2 No **[Go to pre-Q18.4]**
- 7 Don't know/Not sure **[Go to pre-Q18.4]**
- 9 Refused **[Go to pre-Q18.4]**

MA18.3. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant?

Would you say:
Please Read

- 1 You wanted to be pregnant sooner
- 2 You wanted to be pregnant later
- 3 You wanted to be pregnant then
- 4 You didn't want to be pregnant then or at anytime in the future
- or**
- 7 You don't know
- 9 Refused

{All MA18.3 go to pre-s18q4}

MA18.4. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant?

Would you say:

Please Read

- 1 You wanted to be pregnant sooner
- 2 You wanted to be pregnant later
- 3 You wanted to be pregnant then
- 4 You didn't want to be pregnant then or at anytime in the future
- or**
- 7 You don't know
- 9 Refused

pre-Core Q18.4- {If Core Q18.2=01,02,03 or Core Q18.3=08,09,10,16 go to next section, else continue}

{If s13q17=1 go to next section}

18.4 How do you feel about having a child now or sometime in the future? Would you say: (166)

Please read

- 1 You don't want to have one **[Go to next section]**
- 2 You do want to have one **[Go to Q18.5]**
- 3 You're not sure if you do or don't **[Go to next section]**

Do not read

- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

18.5 How soon would you want to have a child? Would you say: (167)

Please read

- 1 Less than 12 months from now
- 2 Between 12 months to less than two years from now
- 3 Between two years to less than 5 years from now, or
- 4 5 or more years from now

Do not read

- 7 Don't know / Not sure
- 9 Refused

Section 19: Disability

The following questions are about health problems or impairments you may have.

19.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (168)

- 1 Yes
- 2 No
- 7 Don't know / Not sure

9 Refused

- 19.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

(169)

[NOTE: Include occasional use or use in certain circumstances]

- 1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 20: HIV/AIDS

{If respondent is 65 years old or older, go to next section}

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

I'm going to read two statements about HIV. After I read each one, please tell me whether you think it is true or false, or if you don't know.

- 20.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (170)

- 1 True
2 False
7 Don't know / Not sure
9 Refused

- 20.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (171)

- 1 True
2 False
7 Don't know / Not sure
9 Refused

- 20.3. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (172)

[NOTE: Include saliva tests]

- 1 Yes
2 No **[Go to Q20.10]**
7 Don't know/ Not sure **[Go to Q20.10]**
9 Refused **[Go to Q20.10]**

- 20.4. In the past 12 months, how many times have you been tested for HIV, including times you did not get your results: (173-174)

- — Times
8 8 None
7 7 Don't know / Not sure

9 9 Refused

- 20.5. Not including blood donations, in what month and year was your last HIV test?
(175-180)

[NOTE: Include saliva tests]

[Note: If response is before January 1985, code "Don't know"]

<u>7</u> <u>7</u> / <u>7</u> <u>7</u> <u>7</u> <u>7</u>	Code month and year
9 9 9 9 9 9	Don't know / Not sure
	Refused

- 20.6. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?
(181-182)

___ ___ Reason Code

- 01 It was required
- 02 Someone suggested you should be tested
- 03 You thought you may have gotten HIV through sex or drug use
- 04 You just wanted to find out whether you had HIV
- 05 You were worried that you could give HIV to someone
- 06 **IF FEMALE:** You were pregnant
- 07 It was done as part of a routine medical check-up
- 08 Or you were tested for some other reason

Do not read

- 7 7 Don't know / Not sure
- 9 9 Refused

- 20.7. Where did you have your last HIV test - at a private doctor or HMO, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, in a drug treatment facility, at home, or somewhere else?
(183-184)

Facility code

- 01 Private doctor or HMO
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else

Do not read

- 77 Don't know / Not sure
- 99 Refused

{If Q20.7 is "04" (clinic) continue, if Q20.7 is "07" (at home) go to Q20.9, else go to Q20.10}

- 20.8. What type of clinic did you go to for your last HIV test? (185)

- 1 Family planning clinic
- 2 STD clinic
- 3 Prenatal clinic
- 4 Public health clinic
- 5 Community health clinic
- 6 Hospital clinic
- 8 Other
- 7 Don't know / Not sure

9 Refused

20.9 Was this test done by a nurse or other health worker, or with a home testing kit?
(186)

1 Nurse or health worker
2 A home testing kit
7 Don't know / Not sure
9 Refused

20.10. I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you.
You don't need to tell me which one.

You have used intravenous drugs in the past year.
You have been treated for a sexually transmitted or venereal disease in the past year.
You have given or received money or drugs in exchange for sex in the past year
You had anal sex without a condom in the past year

Do any of these situations apply to you? (187)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

20.11. The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

In the past 12 months, has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use?
(188)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 21: Firearms

The next questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

21.1. Are any firearms kept in or around your home? (189)

1 Yes
2 No **[Go to next section]**
7 Don't know / Not sure **[Go to next section]**
9 Refused **[Go to next section]**

21.2. Are any of these firearms now loaded? (190)

1 Yes
2 No **[Go to next section]**
7 Don't know / Not sure **[Go to next section]**
9 Refused **[Go to next section]**

- 21.3.** Are any of these loaded firearms also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.
(191)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

Section 22: Tobacco Use

[Splits 2, 3]

{If Split = 1 then go to Section 23: Disability Else if split = [2, 3] then do: If Q7.2 = 1 then go to MA22.1; Else if Q7.2 = 2 then go to MA22.2 Else if Q7.2 = 3 then go to MA22.3
Else if Q7.1 = [2,7,9] or Q7.2 = 9 then go to MA22.10Int End}

Now I would like to ask you some more questions about smoking.

MA22.1. [Daily smokers] On the average, about how many cigarettes a day do you now smoke?

[1 pack = 20 cigarettes]	
_____	Number of cigarettes [76 =76 or more] [Go to MA22.4]
7 7	Don't know/Not sure [Go to MA22.4]
9 9	Refused [Go to MA22.4]

MA22.2. [Someday smokers] On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

[1 pack = 20 cigarettes]	
_____	Number of cigarettes [Go to MA22.4]
7 7	Don't know/Not sure [Go to MA22.4]
9 9	Refused [Go to MA22.4]

Previously you said you have smoked cigarettes:

MA22.3 About how long has it been since you last smoked cigarettes?

Read only if necessary

01	Within the past month (anytime less than 1 month ago) [Go to MA22.4]
2	Within the past 3 months (1 month but less than 3 months ago) [Go to MA22.4]
03	Within the past 6 months (3 months but less than 6 months ago) [Go to MA22.4]
04	Within the past year (6 months but less than 1 year ago) [Go to MA22.4]
05	Within the past 5 years (1 year but less than 5 years ago) [Go to MA22.10]
06	Within the past 10 years (5 years but less than 10 years ago) [Go to MA22.10]
07	10 or more years ago [Go to MA22.10]
77	Don't know / Not sure [Go to MA22.10]
99	Refused [Go to MA22.10]

The next questions are about interactions you might have had with a doctor, nurse, or other health professional.

MA22.4 In the last 12 months, how many times have you seen a doctor, nurse or other health

professional to get any kind of care for yourself?

- ____ Number of times [Range 01-76]
88 None [Go to MA22.8]
77 Don't know / Not sure
99 Refused

MA22.5. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

- ____ Number of visits [Range 01-76]
88 None [go to MA22.8]
77 Don't know / Not sure [go to MA22.8]
99 Refused [go to MA22.8]

MA22.6. On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion?
[Pronunciation: Well BYOU trin/ZEYE ban/byou PRO pee on]

- ____ Number of visits [Range 01-76]
88 None
77 Don't know / Not sure
99 Refused

MA22.7. On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?

- ____ Number of visits (01-76)
88 None
77 Don't know / Not sure
99 Refused

MA22.8 In the past 12 months, have you heard, read, or seen any information about quitting smoking?

- 1 Yes
2 No
7 Don't know/Not sure
9 Refused

{IF Q7.2 = [1,2] then go to MA22.9; else go to MA22.10}

MA22.9. Are you planning to quit smoking in the next 30 days?

- 1 Yes
2 No
7 Don't know/Not sure
9 Refused

MA22.10int The next questions are about rules for smoking in your home and your exposure to other people's tobacco smoke.

MA22.10 [ASK ALL] Which statement best describes the rules about smoking in your home ...

Please read

- 1 no one is allowed to smoke anywhere
2 smoking is allowed in some places or at some times
or

- 3 smoking is permitted anywhere
- Do not read**
- 7 Don't know/Not sure
- 9 Refused

{If Q13.8 = [1,2] then go to MA22.11; else if Q13.8 = [3,4,5,6,7,8,9] then go to MA22.12}

MA22.11 Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were at work?

- _____ Number of hours per week **[76 = 76 or more]**
- 01 An hour or less per week
- 88 None
- 77 Don't Know
- 99 Refused

MA22.12 Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were at home?

- _____ Number of hours per week **[76 = 76 or more]**
- 01 An hour or less per week, but more than none
- 88 None
- 77 Don't Know
- 99 Refused

MA22.13 Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were in other places?

- _____ Number of hours per week **[76 = 76 or more]**
- 01 An hour or less per week
- 88 None
- 77 Don't Know
- 99 Refused

{If Q13.8 = [1,2,6] then go to MA22.14; else if Q13.8 = [3,4,5,7,8,9] then go to MA22.15}

MA22.14. I am going to read you a list of typical workplace smoking policies. By workplace, I mean a workplace outside your home. Please tell me which one is most like the policy at your workplace.

- Please read**
- 1 Smoking is not allowed anywhere inside the building
- 2 Smoking is only allowed in a few designated smoking areas
- 3 Smoking is allowed in most areas
- 4 No policy/I work primarily outdoors
- 5 Not applicable/ I work at home
- 6 Not applicable/not employed
- Do not read**
- 7 Don't Know/Not sure
- 9 Refused

The next question is about your opinions on issues related to smoking.

MA22.15 I'm going to read you a list of places where smoking may or may not be allowed. For each one, please tell me if you think that smoking should be allowed there without restriction, should be permitted only in designated areas, or should not be allowed at all.

Concerning smoking in (NAME OF PLACE) -- should it be allowed without restriction, should it be permitted only in designated areas, or not be allowed at all?

[Interviewer Note: After first two, you may read "How about...?"]

[NOTE: Allowed without restriction = 1, Permitted in designated areas = 2, Not at all = 3, Don't know = 7, Refused = 9]

a. Restaurants	1	2	3	7	9
b. Indoor work areas	1	2	3	7	9
c. Bars and cocktail lounges?	1	2	3	7	9

MA22.16 If restaurants were completely smokefree, would you eat out more often, less often, or about the same as you do now?

- 1 More often
- 2 Less often
- 3 About the same
- 4 Don't eat in restaurants
- 7 Don't know/Not sure
- 9 Refused

MA22.17 In the past 12 months, about how often have you gone out to a bar or nightclub anywhere? Would you say...

[Please Read]

- 1 = more than once a week
- 2 = about once a week
- 3 = about once or twice a month
- 4 = less often than once a month **[go to next section]**
- 5 = never **[go to next section]**

[Do Not Read]

- 7 = Don't know / Not sure **[go to next section]**
- 9 = Refused **[go to next section]**

{If MA22.17=1,2,or 3 continue, else go to next section}

MA22.18 When you were out at a bar or club, how often did you see someone smoking? Would you say...

[Please Read]

- 1 = never
- 2 = rarely
- 3 = sometime
- 4 = often
- 5 = always

[Do not read]

- 7 = don't know / not sure
- 9 = refused

Section 23: Disability and Quality of Life

[Split 2,3]

**{If Split = 1 GO TO Section 23a
Else if Split = [2,3] then continue}**

Now I would like to ask you some questions about your health and problems you may have.

MA23.1. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

— —	Number of days	—
8 8	None	
7 7	Don't know/Not sure	
9 9	Refused	

MA23.2. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

— —	Number of days	—
8 8	None	
7 7	Don't know/Not sure	
9 9	Refused	

{If Q19.2 = 1 then go to MA23.3. Else go to MA23.4.}

MA23.3 What is the farthest distance you can walk by yourself, without any special equipment or help from others?

Please read

- 1 Not any distance
- 2 Across a small room
- 3 About the length of a typical house
- 4 About one or two city blocks
- 5 About one mile

or

- 6 More than one mile

Do not read

- 7 Don't know / Not sure
- 9 Refused

MA23.4 Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

{If Q19.1 = 1 or Q19.2 = 1 or MA23.4 = 1 then go to MA23.6. Else, go to MA23.5.}

MA23.5. A disability can be physical, mental, emotional, or communication-related. Would you describe yourself as having a disability of any kind?

- 1 Yes
- 2 No **[GO TO Section 23a]**
- 7 Don't know / Not sure **[GO TO Section 23a]**
- 9 Refused **[GO TO Section 23a]**

MA23.6 What is the major impairment or health problem that limits your activities or causes your disability?

[If respondent says, "I'm not limited," say, "I'm referring to the impairment you indicated on an earlier question."]

Reason Code

Read Only if Necessary

- 0 1 Arthritis/rheumatism

--

- 0 2 Back or neck problem
- 0 3 Fractures, bone/joint injury
- 0 4 Walking problem
- 0 5 Lung/breathing problem
- 0 6 Hearing problem
- 0 7 Eye/vision problem
- 0 8 Heart problem
- 0 9 Stroke problem
- 1 0 Hypertension/high blood pressure
- 1 1 Diabetes
- 1 2 Cancer
- 1 3 Depression/anxiety/emotional problem
- 1 4 Other impairment/problem [specify]_____
- Do not read**
- 7 7 Don't know/Not sure
- 9 9 Refused

MA23.7. For how long have your activities been limited because of your major impairment, health problem or disability?

- 1 ____ Days_
- 2 ____ Weeks -
- 3 ____ Months_
- 4 ____ Years -
- 7 7 7 Don't know/Not Sure
- 9 9 9 Refused

MA23.8. Because of any impairment, health problem or disability, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA23.9. Because of any impairment, health problem or disability, do you need the help of other persons with your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 23a: Health Related Quality of Life

[Split 3]

If split = [1, 2] then go to Section 24: Diabetes; Else continue.

MA23a.1. Has a doctor, nurse, or other health professional ever told you that have or had any of the following?

(check all that apply)

Please Read

- 1 A heart attack or myocardial infarction
- 2 Angina or coronary heart disease
- 3 A stroke
- 4 A mini-stroke, also called TIA (transient ischemic attack)

Do not read

- 8 None **Go to Section 24: Diabetes**
- 7 Don't Know **Go to Section 24: Diabetes**
- 9 Refused **Go to Section 24: Diabetes**

~~(If one or more of the above are checked then go to the following questions # 2 – #9.
If subjects have stroke (including TIA or Mini-stroke) and heart problem (MI or angina or CHD)
then both stroke and heart problem is to be indicated in the stem of the question)~~

MA23a.2. On a scale of 0 to 10, with 10 representing full recovery and 0 representing no recovery, how much have you recovered from your [If MA23a1 = 3 then fill in “stroke”; else if MA23a1 = [1, 2] then fill in “heart condition”; else if MA23a1 =4 then fill in “mini-stroke”] ?

___ number

- 77 Don't know
- 99 Refused

MA23a.3. During the past 4 weeks, because of your [If MA23a1 = 3 then fill in “stroke”; else if MA23a1 = [1, 2] then fill in “heart condition”; else if MA23a1 =4 then fill in “mini-stroke”], how often did you need help in doing regular daily activities such as carrying groceries, vacuuming, or taking the garbage out?

Please read

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time

Do not read

- 7 Don't Know
- 9 Refused

MA23a.4. During the past 4 weeks, because of your [If MA23a1 = 3 then fill in “stroke”; else if MA23a1 = [1, 2] then fill in “heart condition”; else if MA23a1 =4 then fill in “mini-stroke”], how often did you feel you were unable to do your usual social activities with friends or family?

Please read

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time

Do not read

- 7 Don't Know
- 9 Refused

MA23a.5. How much of the time during the past 4 weeks has your [If MA23a1 = 3 then fill in “stroke”; else if MA23a1 = [1, 2] then fill in “heart condition”; else if MA23a1 =4 then fill in “mini-stroke”]caused you to be very nervous or anxious?

Please read

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time

Do not read

- 7 Don't Know
- 9 Refused

MA23a.6. How much of the time during the past 4 weeks have you felt downhearted and blue because of your [If MA23a1 = 3 then fill in “stroke”; else if MA23a1 = [1, 2] then fill in “heart condition”; else if MA23a1 =4 then fill in “mini-stroke”]?

Please read

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time

Do not read

- 7 Don't Know
- 9 Refused

MA23a.7. How often do you worry that you may have [If MA23a1 = 1 and ^ = 3 then fill in “another heart attack”; else if MA23a1 ^ = 1 and = 3 then fill in “another stroke”; else if MA23a1 = 1 and = 3 then fill in “another heart attack and stroke”; else if MA23a1 = 4 and ^ = 1 then fill in “another mini stroke”; else if MA23a1 = 1 and = 4 “another heart attack and mini-stroke” Else if MA23a.1=2, go to next question]?

Logic works as follows, as of January 29, 2004:

{if 1 only (Heart attack) **or (1 and 2)** -- insert another heart attack}
 {if 3 only (stroke) **or (3 and 2)** -- insert another stroke}
 {if 1 + 3 heart attack and stroke **or (1+3+2)** -- insert another heart attack or stroke}
 {if 1 + 4 heart attack and mini stroke **or (1+4+2)** -- insert another heart attack **OR** mini-stroke}
 {if 1, 3+4 Heart attack and stroke **or (1+3+4+2)** -- insert heart attack, stroke, **OR MINI STROKE**}
 {if 3 + 4 stroke **or (3+4+2)**- insert stroke **OR** mini-stroke}
 {if 4 only **or (4+2)** mini stroke}
 {if **2 only goes to next section**}

Please read

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time

Do not read

- 7 Don't Know
- 9 Refused

MA23a.8. During the past 4 weeks, how much of the time have you felt as if you were a burden on others because of your [If MA23a1=3 then fill in “stroke”; else if MA23a1 = [1, 2] then fill in “heart condition”; else if MA23a1 = 4 then fill in “mini-stroke”]?

Please read

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time

Do not read

- 7 Don't Know
- 9 Refused

MA23a.9. How often during the past four weeks have you felt worn out or low in energy because of your [If MA23a1=3 then fill in “stroke”; else if MA23a1 = [1, 2] then fill in “heart condition”; else if MA23a1 = 4 then fill in “mini-stroke”] ?

Please read

- 1 ALL of the time
- 2 MOST of the time
- 3 SOME of the time
- 4 A LITTLE of the time
- 5 NONE of the time

Do not read

- 7 Don't Know
- 9 Refused

Section 24: Diabetes Module

[Splits 1,2,3]

{If Q10.1 = 1 then continue.

Else if Q10.1 = [2,3,4,7,9] then GO TO Section 25: Diabetes Information}

Next I'd like to ask you some more questions about diabetes.

MA24.1 What type of diabetes do you have?

Please read:

- 1 Type 1
- 2 Type 2

or

- 3 Other [specify_____]

Do not read

- 7 Don't know /Not sure
- 9 Refused

Mod1_1 How old were you when you were told you had diabetes?

- | | |
|-----|---------------------------------------|
| ___ | Code age in years [97 = 97 and older] |
| 9 8 | Don't know/Not sure |
| 9 9 | Refused |

MOD1_2 Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

MOD1_3 Are you now taking diabetes pills?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MOD1_4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 ___ Times per day

2	— —	Times per week
3	— —	Times per month
4	— —	Times per year
8	8 8	Never
7	7 7	Don't know/Not sure
9	9 9	Refused

MOD1_5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

1	— —	Times per day
2	— —	Times per week
3	— —	Times per month
4	— —	Times per year
8	8 8	Never
5	5 5	No feet
7	7 7	Don't know/Not sure
9	9 9	Refused

MOD1_6 Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

1	Yes
2	No
7	Don't know/Not sure
9	Refused

MOD1_7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

— —	Number of times [76 = 76 or more]
8	8 None
7	7 Don't know/Not sure
9	9 Refused

MOD1_8 A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

8	8	— —	Number of times [76 = 76 or more]
		8	None
		9	8 Never heard of hemoglobin "A one C" test
		7	7 Don't know/Not sure
		9	9 Refused

{IF MOD1_5 = 555 THEN GO TO mod1_9; ELSE CONTINUE WITH mod1_9}

MOD1_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

— —	Number of times [76 = 76 or more]
8	8 None
7	7 Don't know/Not sure
9	9 Refused

MA24.2. When was the last time you had an exam in which your feet were examined for numbness or loss of feeling? This would have involved a doctor or other health professional using a metal or plastic instrument on your foot.

Read only if necessary

- 1 Within the past month (0 to 1 month ago)
- 2 Within the past year (1 to 12 months ago)
- 3 Within the past 2 years (1 to 2 years ago)
- 4 2 or more years ago
- 8 Never
- 7 Don't Know/Not Sure
- 9 Refused

MOD1_10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Read Only if Necessary

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 8 Never
- 7 Don't know/Not sure
- 9 Refused

MOD1_11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MOD1_12. Have you ever taken a course or class in how to manage your diabetes yourself?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA24.3 Besides a course or class, have you received education from any of the following on how to care for your diabetes--

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Refused</u>
a. a nurse or nurse practitioner?	1	2	7	9
b. a nutritionist or dietitian?	1	2	7	9
c. a doctor?	1	2	7	9
or				
d. someone else {specify:_____}	1	2	7	9

Section 25: Diabetes Information

[Split 2]

**{If Split = [1,3] then GO TO Section 26: Adult Asthma History
Else if Split=2 then continue}**

MA25.1. In the past 6 months, have you heard, read or seen any information about the importance of controlling diabetes?

- 1 Yes
- 2 No [**Go to Section 26: Adult Asthma History**]

- 7 Don't know/Not sure **[Go to Section 26: Adult Asthma History]**
 9 Refused **[Go to Section 26: Adult Asthma History]**

MA25.2. I'm going to read you a list of places where you might have gotten this information about the importance of controlling diabetes. Did you get any of this information:

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Refused</u>
a. from television?	1	2	7	9
b. from the radio?	1	2	7	9
d. from a newspaper or magazine?	1	2	7	9
e. from a brochure or other printed material?	1	2	7	9
f. Internet?	1	2	7	9

Section 26: Adult Asthma History

[Splits 2,3]

{If Split = 1 then go to Section 27: Long-term Care Insurance

Else if Split = [2, 3] and Q9.1 = (2,7,9) then go to Section 27: Long-term Care Insurance

Else if Split = [2, 3] and Q9.1 = 1 then continue }

Previously you said you were told by a doctor, nurse, or other health professional that you had asthma.

MA26.1. During the past 12 months, have you had an episode of asthma or an asthma attack?

- 1 Yes
 2 No
 7 Don't know/Not sure
 9 Refused

MA26.2 During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? (263-264)

	Number of visits [87 = 87 or more]
<u>8</u> <u>8</u>	None
9 8	Don't know/Not sure
9 9	Refused

MA26.3 {If one or more visits to MA26.2, fill in (Besides those emergency room visits,)} During the past 12 months, how many times did you see a doctor, nurse, or other health professional for urgent treatment of worsening asthma symptoms? (265-266)

	Number of visits [87 = 87 or more]
<u>8</u> <u>8</u>	None
9 8	Don't know/Not sure
9 9	Refused

MA26.4 During the past 12 months, how many times did you see a doctor or other health professional for a routine checkup for your asthma?

(267-268)

	Number of visits [87 = 87 or more]
<u>8</u> <u>8</u>	None
9 8	Don't know/Not sure
9 9	Refused

MA26.5 During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

(269-271)

—	—	—	Number of days
8	8	8	None
7	7	7	Don't know/Not sure
9	9	9	Refused

Section 27: Long-term Care Insurance

[Split 3]

**{If Split = (1,2,) then go to Section 28: Alcohol/Drug Awareness
Else if Split = 3 then continue}**

MA27.1. Do you have a private long-term care insurance policy, that is, insurance that pays for nursing home or home care services over a long period of time?

1	yes [Go to Section 28: Alcohol/Drug Awareness]
2	no
7	don't know
9	refused

MA27.2. What would you say is the major reason you do not have long-term care insurance?

Read if necessary [record top three]

01 Cost
02 Didn't think I needed it
03 Medicare will cover me
04 Medicaid will cover me
05 Family will take care of my needs
06 Have sufficient resources to take care of long-term care
08 Don't think current long-term care policies cover enough
10 Just didn't think of it
11 Too young/age
12 My current insurance does not cover long-term care.
13 Other [specify _____]
77 don't know
99 not sure

Section 28: Alcohol and Drug Awareness

[Split 1]

**{If Split = [2,3] Go to Section 29: Folic Acid
Else if Split = 1 then continue}**

MA28.1. I'm going to read you a list of statements about opinions on alcohol and drug use. For each statement, please tell me whether you Strongly agree, Agree, Disagree, or Strongly Disagree.

[Note to interviewer: after the first three statements, you do not have to read the responses unless needed to prompt respondent]

a. You can tell, just by looking at someone, if he or she is an alcoholic or drug addict. Do you...

Please read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 7 Don't Know/Not Sure
- 9 Refused

b. A person who only drinks beer can be an alcoholic. Do you...

Please read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 7 Don't Know/Not Sure
- 9 Refused

c. Alcohol is a drug. Do you...

Please read

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 7 Don't Know/Not Sure
- 9 Refused

d. Alcoholism and drug addiction can be treated successfully.

read only if necessary

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 7 Don't Know/Not Sure
- 9 Refused

e. Addiction to alcohol or drugs is a sign of personal weakness.

read only if necessary

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

Do not read

- 7 Don't Know/Not Sure
- 9 Refused

f. A person who is an alcoholic or drug addict has a brain disease.

read only if necessary

- 1 Strongly agree
- 2 Agree

- 3 Disagree
- 4 Strongly Disagree
- Do not read**
- 7 Don't Know/Not Sure
- 9 Refused

g. If a parent, brother or sister is an alcoholic or drug addict, it increases one's chance of becoming an alcoholic or drug addict.

- read only if necessary**
- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree
- Do not read**
- 7 Don't Know/Not Sure
- 9 Refused

Section 29: Folic Acid

[Split 3]

{If Split = [1, 2] then go to Section 30: Varicella/Shingles
Else if Split = 3 then continue}

MA29.1 Do you currently take any vitamin pills or supplements?
[NOTE: Include liquid supplements]

- 1 Yes
- 2 No [Go to MA29.4]
- 7 Don't know/Not sure [Go to MA29.4]
- 9 Refused [Go to MA29.4]

MA29.2 Are any of these a multivitamin?

- 1 Yes
- 2 No [Go to MA29.4]
- 3 Don't know/Not sure [Go to MA29.4]
- 4 Refused [Go to MA29.4]

MA29.3 How often do you take these multivitamins?

- 1 ___ Times per day
- 2 ___ Times per week
- 3 ___ Times per month
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

MA29.4 Have you heard of the B vitamin folic acid?

- 1 Yes
- 2 No [Go to Section 30: Varicella/Shingles]
- 7 Don't know/Not sure [Go to Section 30: Varicella/Shingles]
- 9 Refused [Go to Section 30: Varicella/Shingles]

{If (MA29.1 = 1 and MA29.2 = 2,7,9) continue with MA29.5, ELSE go to MA29.7.}

MA29.5 Do any of the vitamin pills or supplements you take contain folic acid?

- 1 Yes
- 2 No **[Go to MA29.7]**
- 7 Don't know/Not sure **[Go to MA29.7]**
- 9 Refused **[Go to MA29.7]**

MA29.6 How often do you take this vitamin pill or supplement?

- 1 ___ Times per day
- 2 ___ Times per week
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

MA29.7 Folic acid is recommended, for which of the following reason/s....

[Multiple response, code up to five]

Please Read

- 1 To make strong bones
- 2 To prevent birth defects
- 3 To prevent high blood pressure
- 4 To prevent heart disease or stroke
- 5 To prevent some forms of cancer

OR

- 6 Some other reason **[Specify _____]**

DON'T READ

- 7 Don't know/Not sure **[Go to Section 30: Varicella/Shingles]**
- 9 Refused **[Go to Section 30: Varicella/Shingles]**

MA29.8 Where did you get information about the benefits of taking folic acid?

[Multiple response, code up to three]

Please Read

- 1 Your health care provider
- 2 Your nutritionist, dietician
- 3 Articles, newspapers, magazines, books
- 4 TV or radio
- 5 The Internet
- 6 Family member, friend or acquaintance
- 8 Public service announcement (i.e. printed poster on bus, etc.)
- 10 Other **[Specify _____]**

DON'T READ

- 7 Don't know/not sure
- 9 Refused

Section 30: Varicella/Shingles

[Splits 2,3]

**{If Split = 1, Go to Section 31: Children's Health/Dental
Else if Split = [2,3] then continue}**

I would like to ask a few questions about the health of everyone living in the household, including children.

MA30.1. Going from youngest to oldest, what are the ages of each person currently living in your household?

Code ages [0 = <1 year] [97 = 97 and older]

Person #1 ____

Person #2 ____

[Etc.]

98 = DK/NS

99 = Refused

MA30.2. Have you or anyone else currently living in your household had chickenpox in the past 12 months?

1 Yes

2 No **[Go to MA30.4]**

7 Don't know/Not sure **[Go to MA30.4]**

9 Refused **[Go to MA30.4]**

MA30.3. What are the current ages of all those who had chickenpox in the past 12 months?

Code ages [0 = <1 year] [97=97 and older]

Person #1 ____

Person #2 ____

[Etc.]

98 Don't know/not sure

99 Refused

MA30.4. Have you or anyone else currently living in your household ever had shingles?

1 Yes

2 No **[Go to SECTION 31: Childhood Health/Dental]**

7 Don't know/Not sure **[Go to SECTION 31: Childhood Health/Dental]**

9 Refused **[Go to SECTION 31: Childhood Health/Dental]**

MA30.5. What are the current ages of all those who ever had shingles?

Code ages [97 = 97 and older]

Person #1 ____

Person #2 ____

[Etc.]

98 Don't know/Not sure

99 Refused

MA30.6. **{Ask for each person listed in MA30.5, in the same order as MA30.5}** How old was the _____ year old when they had shingles?

Code ages [97 = 97 and older]

Person #1 ____

Person #2 ____

[Etc.]

98 Don't know/Not sure

99 Refused

Pre-MA30.7

{If MA30.5a minus MA30.6a = [0,1] or MA30.5b minus MA30.6b = [0,1] etc. then go to MA30.7;
Else go to Section 31: Childhood Health/Dental}

MA30.7 {Ask for each person for whom MA30.5 – MA30.6 = [0,1], in same order as MA30.5}
Did the _____ year old have shingles in the last 12 months, that is since {INSERT CURRENT
MONTH} of last year?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 31: Children's Health/Dental

[Split 2,3]

{If Split = 1, GO TO Section 32: Bioterrorism
Else if Split = (2,3) and Q13.6 = 88 then GO TO Section 32: Bioterrorism
Else continue }

The next few questions are about the health care and health of the children in your household.

{If Split = (2,3) and Q13.6 = 99, Go to MA31.2.
Else if Split = (2,3) and Q13.6 is between 1-76, Go to MA31.1.}

MA31.1 {read only if Q13.6 > 1 “We need to ask the next questions only about one child in a household.”} [read for all] What is the age of the child in your household, under the age of 18, {read only if Q13.6 > 1 “who has had the most recent birthday?”}

- ____ Age (years, if <1 year old, code 0) [Go to MA31.3]
- 77 Don't know/not sure [Go to Section 32: Bioterrorism]
- 99 Refused [Go to Section 32: Bioterrorism]

MA31.2 If there are children in your household under the age of 18, what is the age of the child who has had the most recent birthday?

- ____ Age [years, if <1, code 0]
- 88 No children in household [Go to Section 32: Bioterrorism]
- 77 Don't know/not sure [Go to Section 32: Bioterrorism]
- 99 Refused [Go to Section 32: Bioterrorism]

MA31.3. Please answer the next few questions [READ “only” IF Q13.6 > 1] about this child in your household. How are you related to this child? Is this child a(n)...?

PLEASE READ

- 01 Natural-born or adopted son/daughter
- 02 Stepson/stepdaughter
- 03 Grandchild
- 04 Foster child
- 05 Niece or nephew
- 06 Brother or sister
- 07 Other relative
- 08 Other non-relative

Do not read

77 Don't know/Not sure
99 Refused

MA31.4. Does this child have any kind of health coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid, MassHealth, or Children's Medical Security Plan?

1 Yes **[GO TO MA31.6]**
2 No
7 Don't know/Not sure **[GO TO MA31.6]**
9 Refused **[GO TO MA31.6]**

MA31.5. There are some types of health care coverage you may not have considered. Does this child have coverage through your employer, someone else's employer, Medicaid, MassHealth, or some other source?

1 Yes
2 No
7 Don't know/Not sure
9 Refused

MA31.6. About how long has it been since this child last visited a doctor for a routine check-up, physical examination, or wellness visit?

1 Within 1 month
2 Within the past 3 months (1-3 months)
3 Within the past 6 months (3-6 months)
4 Within the past year (6-12 months)
5 More than one year
7 Don't know
9 Refused

MA31.7. Was there a time during the last 12 months when this child needed to see a doctor but did not because of the cost?

1 Yes
2 No
7 Don't know/Not sure
9 Refused

{If MA31.1 is < 3 years old or MA31.2 is < 3 years old then GO TO MA31.11; ELSE continue}

MA31.8. [Children age 3-17] Within the last 12 months, has this child visited a dentist for a routine check-up, cleaning, or examination?

1 Yes
2 No
Do not read
7 Don't know/Not sure
9 Refused

{If MA31.1 =[3,4,5] or MA31.2 =[3,4,5] then GO TO MA31.11; else continue}

MA31.9. [Children age 6-17] A dental sealant is a clear or white plastic-like material that is painted on a child's back teeth by a dentist or hygienist to prevent tooth decay. Has this child ever

received dental sealants on their permanent teeth?

[NOTE: Permanent teeth come in after primary teeth and include molars]

- 1 Yes
- 2 No **[Go to MA31.11]**
- 7 Don't Know/Not Sure **[Go to MA31.11]**
- 9 Refused **[Go to MA31.11]**

MA31.10. On how many of this child's permanent teeth are there dental sealants?

PLEASE READ

- 1 1-4 teeth
- 2 5-8 teeth
- 3 None
- 7 Don't know/Not sure
- 9 Refused

MA31.11. [All Children] Was there a time during the last 12 months when this child needed dental care but did not receive it because of the cost, because no dentist would take your insurance, or because you could not find a dentist for this child?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Childhood Asthma

{If q13.6=99 or 88 then go to next section; else continue}

MA31.12 Earlier you said there were [fill in number from core Q13.6] children age 17 or younger living in your household. **{If Q13.6 = 1 then fill in "Has this child"; else if Q13.6 > 1 then fill in "How many of these children have"}** ever been diagnosed with asthma? (275-276)

- | | | |
|-----|--------------------|---------------------------|
| — — | Number of children | |
| 8 8 | None | Go to next section |
| 7 7 | Don't know | Go to next section |
| 9 9 | Refused | Go to next section |

MA31.13 {If MA31.12 = 1 then fill in "Does this child"; else if MA31.12 in (2-76) then fill in "How many of these children"} still have asthma?

(277-278)

- | | | |
|-----|--------------------|-----------------------------|
| — — | Number of children | |
| 8 8 | None | [Go to next section] |
| 7 7 | Don't know | [Go to next section] |
| 9 9 | Refused | [Go to next section] |

{If only one child from MA31.12 and response is "YES" to MA31.13 then code "01". If response is "NO" then code '88'.}

MA31.14. {If MA31.13 = 1 read} "What is the age of the child who currently has asthma?" {If MA31.13 > 1 read} "What are the ages of the children who currently have asthma?"

Code ages [0 = <1 year]

Child #1 _____

Child #2 _____

[ETC] _____

Section 32. Bioterrorism

[Splits 1 2]

{If Split = 3 then go to section 33: Abstinence; Else if Split = [1,2] then continue}

The next sets of questions are about the issues of bioterrorism and terrorism.

MA32.1. How likely do you think it is that you or a family member will be injured over the next 12 months as a result of bioterrorism or another terrorist act? Would you say

Please read

1 Very Likely

2 Somewhat likely

3 Not Very likely

or

4 Very unlikely

Do not read

7 Don't know

9 Refused

MA32.2. About how often do you find yourself worrying about bioterrorism or terrorism?
Would you say:

Please read

1 Daily

2 Once or twice a week

3 Less than once a week

or

4 Never

Do not read

7 Don't know

9 Refused

MA 32.3. Many different types of terrorist threats have been mentioned in the news recently. Which of the following types of terrorist threat worries you the most?

[code up to 3 responses]

Please read

1 Bioterrorism such as smallpox, anthrax

2 Use of a chemical weapon

3 Attack using nuclear material or attack on a nuclear facility

4 Use of a bomb

5 Other _____(Specify)

or

6 None of these

Do not read

7 Don't know

9 Refused

MA32.4. When receiving or opening mail, do you take any special precautions, such as wearing gloves

or opening mail in a restricted area, to prevent anthrax infection?

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

MA32.5 Do you keep any antibiotics in your home for the specific purpose of taking in the event of a bioterrorist attack?

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

MA32.6 Since the threats of bioterrorism and terrorism have emerged, do you currently feel that you have adequate social and emotional support to cope with the potential stress of these events? Would you say:

- please read**
- 1 Yes, I have adequate support
 - 2 No, I do not have adequate support
- or**
- 3 I don't need any support
- do not read**
- 7 Don't Know/Not sure
 - 9 Refused

Section 33: Abstinence

[Splits 1,2]

{If Split = 3, GO TO Section 34: Sexual Behavior

Else if Split = 2 then do:

if Q13.6 = 1 AND MA31.1 = [0,1,2,3,4,77,99], then GO TO Section 34: Sexual Behavior

Else if Q13.6 = 88, then GO TO Section 34: Sexual Behavior

Else if Q13.6 = 99 AND MA31.2 = 88, then GO TO Section 34: Sexual Behavior

Else continue

Else if Split = 1 then continue}

The next few questions ask you about your perceptions and attitudes about sexual activity among adolescents, including abstaining from sexual activity until marriage.

[Split 1: Continue

Split 2: If MA31.1 is between 5-17 or MA31.2 is between 5-17 then GO TO MA 33.2.

Else if MA31.1 = (0,1,2,3,4,77,99) or MA31.2 = (0,1,2,3,4,77,99) then continue]

MA33.1 We want to ask these questions to adults living in a household with children between the ages of 5 and 17. Is there a child who is between the ages of 5 and 17 living in your household?

- 1 Yes
- 2 No **[GO TO Section 34: Sexual Behavior]**
- 7 Don't Know/ Not Sure **[GO TO Section 34: Sexual Behavior]**
- 9 Refused **[GO TO Section 34: Sexual Behavior]**

MA33.2 Out of every 10 Massachusetts high school students, about how many do you think have had sexual intercourse at least once?

[If respondent gives a range of two numbers (e.g., about 4 or 5), record the midpoint.]

___ . ___ Number
 7 7 Don't know/Not sure
 9 9 Refused

MA33.3. Starting at what age do you think parents should begin to talk to their child about sexuality and ways to prevent teen pregnancy, HIV, and other sexually transmitted diseases? This could include talking about abstinence.

___ Age (years)
 7 7 Don't know/Not sure
 9 9 Refused

MA33.4. Regarding the oldest child in your household, how old is this child and is this child a boy or a girl?

1 ___ Male age in years
 2 ___ Female age in years
 9 9 Refused

{If Q13.6 = 1 AND MA31.1=(13-17) go to MA33.6.

Else if MA33.4 = (105-112,205-212, 999) go to Section 34: Sexual Behavior

Else if MA33.4 = (113-117,213-217) continue}

MA33.5 You may have answered this question earlier, but how are you related to this child? Is this child a(n)...

Please read

01 Natural-born or adopted son/daughter
 02 Stepson/stepdaughter
 03 Grandchild
 04 Foster child
 05 Niece or nephew
 06 Brother or sister
 07 Other relative
 08 Other non-relative

Do not read

77 Don't know/Not sure
 99 Refused

The next few questions ask about specific topics that you may or may not have discussed with this child.

MA33.6. During the past 12 months have you discussed any of the following with this child?

	Yes	No	Don't know	Refused
a. sexual abstinence	1	2	7	9
b. teen pregnancy	1	2	7	9
c. HIV/AIDS	1	2	7	9
d. other sexually transmitted disease (These include diseases such as chlamydia, gonorrhea, and syphilis)	1	2	7	9
e. how to handle pressure to have sex	1	2	7	9
f. dating violence	1	2	7	9

MA33.7. During the past 12 months, about how often have you or other adults in the household had a

conversation with this child regarding sexuality and ways to prevent pregnancy, HIV, and other sexually transmitted diseases? This could include talking about abstinence.

Please read

- 1 More than once a month
- 2 About once a month
- 3 About once every few months
- 4 Once in the past 12 months
- 5 Not at all in the past 12 months

Do not read:

- 7 Don't know/Not sure
- 9 Refused

Section 34: Sexual Behavior

[Splits 1,2,3*]

{If Split = [3] AND MA13.4 = [1,4,7,9], go to next section

Else if Split = [1,2,3] and age > 64, go to next section

Else if Split = [3] AND MA13.4 = [2,3] then continue (* only asked of GLB population)

Else if Split = [1,2] AND (age = 18-64 or age = [7,9]) then continue }

The next questions are about your sexual behavior. By sex we mean oral, vaginal, or anal sex, but NOT masturbation. When we talk about condoms, we mean both male as well as female condoms. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

MA34.1. During the past 12 months, have you had sex?

- 1 Yes
- 2 No **[GO TO Section 35: Gambling]**
- 7 Don't Know/ Not sure **[GO TO Section 35: Gambling]**
- 9 Refused **[GO TO Section 35: Gambling]**

MA34.2. During the past 12 months, with how many people have you had sex?

- _____ Number
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

{If MA34.2 = 1, then go to MA34.4 }

MA34.3. During the past 12 months, have you had sex with only males, only females, or with both males and females?

- 1 Only males
- 2 Only females
- 3 Both males and females
- 7 Don't Know/ Not sure
- 9 Refused

MA34.4. Now, thinking back about the last time you had sex, did you or your partner use a condom?

- 1 Yes **{If MA34.2=1, go to MA34.5. Else go to MA34.7}**
- 2 No **{If MA34.3=(1,2,7,9) then go to Pre-MA34.6; else if MA34.2=1 or MA34.3=3 then go to MA34.5}**

- 7 Don't Know {If MA34.2=1 then go to MA34.5; else go to MA34.7}
 9 Refused {If MA34.2=1 then go to MA34.5; else go to MA34.7}

MA34.5. The last time you had sex, was your partner male or female?

- 1 Male
 2 Female

 7 Don't Know/ Not Sure [Go to MA34.7]
 9 Refused [Go to MA34.7]

{Pre-MA34.6

If MA34.4 = (1,7,9), go to MA34.7

Else if MA34.4=2 AND (MA34.3 = 1 or MA34.5 = 1) then go to MA34.6

Else if MA34.4=2 AND (MA34.3 = 2 or MA34.5 = 2) AND Q13.16 = 1 then go to MA34.6

Else if MA34.4=2 AND (MA34.3 = 2 or MA34.5 = 2) AND Q13.16 = 2 then go to MA34.7

Else if MA34.4=2 AND MA34.3=(7,9) then go to MA34.7}

MA34.6. Which best describes the reason you did not use a condom the last time you had sex?

{if Q13.16 = 1 and (MA34.3 = 1 or MA34.5 = 1) then read 1,2,3,14,15,5,6,12,11; else if (Q13.16 = 2 and (MA34.3 = 1 or MA34.5 = 1)) or (Q13.16 = 1 and (MA34.3 = 2 or MA34.5 = 2)) then read 1,2,3,13,14,15,5,6,8,10,12,11}.}

Please read

- 1 No condom was available
 2 I was too embarrassed or afraid to discuss using a condom
 3 My partner refused to use a condom
 13 My partner and I were using another form of birth control
 14 Partner and I are in a monogamous relationship
 15 Did not think at risk for STD or HIV
 5 I believed my partner and I had the same HIV status
 6 We did not have anal sex
 8 My partner and I were trying to get pregnant
 10 We did not have vaginal or anal sex
 12 I do not like to use condoms
or
 11 Some other reason [specify] _____
 77 Don't Know / Not Sure
 99 Refused

MA34.7. During the past 12 months has a doctor, nurse or other health professional told you that you had a sexually transmitted disease or STD?

- 1 Yes
 2 No
 7 Don't Know/Not Sure
 9 Refused

MA34.8. During the past 12 months, has a medical care provider asked you for a sexual or drug use \ history?

- 1 Yes
 2 No
 7 Don't Know/Not Sure
 9 Refused

Section 35: Gambling

[Split 1]

{f Split = [2,3] go to Section 36: Binge Drinking

Else if Split = 1 continue}

One issue that may cause stress in a person's life or in relationships with others is gambling. The next questions are about gambling and games of chance.

MA35.1. Gambling and games of chance include: lottery games, scratch tickets or Keno; bingo; dice or card games for money; horse or dog races; sports pools; casinos; or gambling over the Internet. In the last 12 months, have you gambled or played games of chance for money?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA35.2. At any time in your life would you or anyone else in your family say that the money or time you have spent gambling led to financial problems or any other problems in your family, work, or personal life?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 36: Binge Drinking Module

[Split 1, 3]

{If Split = [2] Go to Section 37: Alcohol Use

Else if Split = [1, 3] and Q8.3 < 77 then continue

Else if Split = [1, 3] and Q8.3 = [77,88,99] then GO TO Section 37: Alcohol Use}

Previously, you answered that you had 5 or more alcoholic beverages on one occasion at least once in the past 30 days. The next questions are about the most recent time when you did this.

36.1. During the most recent occasion when you had 5 or more alcoholic beverages, about how many beers, including malt liquor, or other malt drinks such as hard lemonade or hard cider, did you drink?

- Number
- 7 7 Don't know/not sure
- 9 9 Refused

36.2. During the most recent occasion when you had 5 or more alcoholic beverages, about how many glasses of wine, including wine coolers, did you drink?

- Number
- 7 7 Don't know/not sure
- 9 9 Refused

36.3. During the most recent occasion when you had 5 or more alcoholic beverages, about how many drinks of liquor, including cocktails, did you have?

- Number

- 7 7 Don't know/not sure
- 9 9 Refused

36.4. During the most recent occasion when you had 5 or more alcoholic beverages, where were you when you did most of your drinking?

Please read

- 1 At home (for example your house, apartment, condominium, or dorm room)
- 2 At another person's home
- 3 At a restaurant
- 4 At a bar or club
- 5 At a public place, such as at a park, beach, concert, or sporting event

Do not read

- 6 Other
- 7 Don't know/not sure
- 9 Refused

36.5 During the most recent occasion when you had 5 or more alcoholic beverages, how did you get the alcohol?

Please read

- 1 A friend or acquaintance bought it or gave it to me
- 2 A family member bought it or gave it to me
- 3 I bought it at a liquor store or package store
- 4 I bought it at a supermarket, grocery store, or convenience store
- 5 I bought it at a restaurant
- 6 I bought it at a bar or club

Do not read

- 7 Don't know/not sure
- 9 Refused

36.6 Did you happen to drive a motor vehicle, such as a car, truck, or motorcycle within two hours of that occasion?

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

Section 37: Alcohol Use

[Splits 1, 3]

{If Split = 2 then Go to Section 38: Drug Use

Else if Split = [1, 3] and Q13.1 > 65 then go to Section 38: Drug Use

Else if Split = [1, 3] and Q13.1 = [18-65 or 7,9] then continue}

This section is about alcohol and drugs. Remember that your answers are strictly confidential. First, I would like to ask a few more questions about alcohol consumption.

{If Q8.3 = (77,88,99) then go to MA37.4

Else if Q8.3 = 1-76 then go to MA37.7

Else if Q8.1 = (777,888,999) then continue}

MA37.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 cocktail, or 1 shot of liquor. How long has it been since you last drank an alcoholic beverage at least once a month?

- 1 Within the last year
- 2 Within the last two years
- 3 3-5 years ago
- 4 5 or more years ago
- 8 Never drank/Never drank regularly [Go to Section 38: Drug Use]
- 7 Don't Know/Not sure
- 9 Refused

MA37.2. During the most recent times you were drinking, about how often during a week or month did you have at least one drink of any alcoholic beverage?

- 1 — — Days per week
- 2 — — Days per month
- 8 8 8 Never drank [Go to Section 38: Drug Use]
- 7 7 7 Don't know/Not sure [Go to MA37.4]
- 9 9 9 Refused [Go to MA37.4]

MA37.3. During the most recent times you were drinking, on the days when you drank, about how many drinks did you have on average?

- — Number of drinks
- 8 8 None [Go to Section 38: Drug Use]
- 7 7 Don't know/Not sure
- 9 9 Refused

MA37.4. At any time in your life, did you ever have {if Q13.16=1 then read, "5", else if Q13.16=2, then read, "4"} or more drinks on the same occasion?

- 1 Yes
- 2 No [GO TO MA37.7]
- 7 Don't Know/Not sure [GO TO MA37.7]
- 9 Refused [GO TO MA37.7]

MA37.5. How long has it been since you had {if Q13.16=1 then read, "5", else if Q13.16=2, then read, "4"} or more drinks on the same occasion?

- 1 Within the past 12 months
- 2 1-2 years ago
- 3 3-5 years ago
- 4 5 or more years ago
- 7 Don't Know/Not sure
- 9 Refused

MA37.6. At that time, how often did you have had {if Q13.16=1 then read, "5", else if Q13.16=2, then read, "4"} or more drinks on the same occasion? Would you say...

- Please read**
- 1 Daily
 - 2 3 to 6 days per week
 - 3 1 to 2 days per week
 - 4 1 to 3 days per month
- or**
- 5 Less often
 - 7 Don't Know/Not Sure
 - 9 Refused

MA37.7. Have you or anyone else ever thought that you might have a problem with alcohol?

- 1 Yes
- 2 No
- 7 Don't Know/Not sure
- 9 Refused

MA37.8. At any time in your life, have you ever, even once, gone on a binge where you kept drinking for a couple of days or more without sobering up?

- 1 Yes
- 2 No **[GO TO pre-MA37.10]**
- 7 Don't Know/Not sure **[GO TO pre-MA37.10]**
- 9 Refused **[GO TO pre-MA37.10]**

MA37.9. When was the last time this happened?

- 1 Within the past 30 days
- 2 More than 30 days ago, but within past 12 months
- 3 More than 12 months ago
- 7 Don't Know/Not Sure
- 9 Refused

pre-MA37.10:

[Ever problem drinkers]

{If [Q8.2=2 AND Q8.1=(107,230)] OR [Q8.2=3 AND Q8.1=(105-107,220-230)] OR [Q8.2=4 AND Q8.1=(104-107,215-230)] OR Q8.2=(5-76) OR Q8.3=(4-76) then continue;

Else if MA37.7 = 1 OR MA37.8=1 OR [MA37.3=2 AND MA37.2=(107,230)] OR [MA37.3=3 AND MA37.2=(105-107,220-230)] OR [MA37.3=4 AND MA37.2=(104-107,215-230)] OR MA37.3=(5-76) OR MA37.6=(1,2,3) then continue.}

{[Never problem drinkers] Else go to Section 38: Drug Use}

MA37.10. [Ever problem drinkers] How old were you the first time you had a whole drink of an alcoholic beverage? By drink we mean an entire alcoholic beverage by yourself, such as a glass of wine, bottle of beer, or mixed drink?

- years old **[Code 76 for 76 or older]**
- 7 7 Don't Know/Not sure
- 9 9 Refused

pre-MA37.11:

[Recent problem drinker]

{If [Q8.2=2 AND Q8.1=(107,230)] OR [Q8.2=3 AND Q8.1=(105-107,220-230)] OR [Q8.2=4 AND Q8.1=(104-107,215-230)] OR Q8.2=(5-76) OR Q8.3=(4-76) OR [Q8.1=(101-230) AND MA37.7=1] then continue;

Else if [MA37.1 = 1 AND MA37.3=2 AND MA37.2=(107,230)] OR [MA37.1 = 1 AND MA37.3=3 AND MA37.2=(105-107,220-230)] OR [MA37.1 = 1 AND MA37.3=4 AND MA37.2=(104-107,215-230)] OR [MA37.1 = 1 AND MA37.3=(5-76)] then continue;

Else if [MA37.5=1 AND MA37.6=(1,2,3)] OR [MA37.1=1 AND MA37.7 = 1] OR [MA37.9=(1,2)] then continue.}

{[Not recent problem drinker] Else go to Section 38: Drug Use}

The next set of questions are about things that might have happened as a result of using alcohol during the past 12 months.

MA37.11. **[Recent problem drinker]** During the past 12 months, was there a time when ...

		Yes	no	dk/ns	ref
a. You spent a lot of time getting over the effects of alcohol?	1	2	7	9	
b. You used alcohol more often or in larger quantities than you meant to?	1	2	7	9	
c. Using the same amount of alcohol had less effect than before, or it took longer to feel the effect?		1	2	7	9
d. Your alcohol use kept you from working, going to school, caring for children, or taking part in recreational activities?		1	2	7	9
e. Your use of alcohol caused you to feel depressed, suspicious of people, or paranoid?	1	2	7	9	
f. Your use of alcohol caused you to have any physical problems?	1	2	7	9	
g. You wanted to stop using, or cut down on alcohol, but found that you couldn't?	1	2	7	9	
h. You made rules about where, when, or how much you would use alcohol, and then broke the rules more than once?	1	2	7	9	
i. Did you have symptoms such as anxiety, vomiting, or trouble sleeping as the effect of the alcohol was wearing off?		1	2	7	9
j. Did you drink alcohol to prevent or cure any of these symptoms?		1	2	7	9

Section 38: Drug Use

[Splits 1, 3]

{If Split = 2 then go to Section 39: Alcohol & Drug Treatment

Else if Split = [1,3] AND Q13.1 > 65 then go to Section 39: Alcohol & Drug Treatment

Else if split = [1, 3] AND Q13.1 = [18-65 or 7,9] then continue}

I want to ask you some questions about drugs. I only want to know about drugs that have not been prescribed for you by your doctor or other health professional. Please remember that your answers are strictly confidential.

MA38.1. Have you ever, even once, used marijuana?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

MA38.2. Have you ever, even once, used any of the following drugs: powder or crack cocaine, heroin, hallucinogens, **{if Q13.1 = [18-35] then read "MDMA/Ecstasy or Oxycontin"}**

- 1 Yes
- 2 No **Go to MA38.4**
- 7 Don't Know/Not Sure **Go to MA38.4**
- 9 Refused **Go to MA38.4**

MA38.3. Which drugs have you tried even once in your lifetime? **{If Q13.1 > 35, please read {1,2,3,4}; Else if Q13.1 = [18-35] then read {1,2,3,4,5,6}}**

[Code up to five responses]

Please read

- 1 Powder Cocaine
- 2 Crack Cocaine
- 3 Heroin
- 4 Hallucinogens
- 5 MDMA/Ecstasy
- 6 Oxycontin

Do not read

- 7 Don't Know/Not Sure
- 9 Refused

MA38.4. Now I want to ask you about use of sedatives or tranquilizers that may or may not have been prescribed for you by your doctor or other health professional. Have you ever used sedatives or tranquilizers that were not prescribed to you, or used more than the recommended amount of these drugs when they were prescribed for you?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

Pre-MA38.5:

{If MA38.1 = (2,7,9) AND MA38.2 = (2,7,9) AND MA38.4 = (2,7,9) then go to Section 39: Alcohol and Drug Treatment.

Else if MA38.1, MA38.3 or MA38.4 = 1 then continue.}

MA38.5. How old were you the first time you used either an illegal drug or a tranquilizer or sedative that was not prescribed for you?

- ___ years old **[Code 76 for 76 or older]**
- 7 7 Don't Know/Not sure
 - 9 9 Refused

{Ask MA38.6 for each drug that respondent said yes to in MA38.1, MA38.3, or MA38.4.}

MA38.6. How long has it been since you last used ...

	w/i 30 days	w/i year	>1 yr	DK/NS	Ref
a. Marijuana	1	2	3	7	9
b. Powder Cocaine	1	2	3	7	9
c. Crack Cocaine	1	2	3	7	9
d. Heroin	1	2	3	7	9
e. Hallucinogens	1	2	3	7	9
f. MDMA/Ecstasy	1	2	3	7	9
g. Tranquilizers/Sedatives	1	2	3	7	9
h. Oxycontin	1	2	3	7	9

MA38.7. Have you or anyone else ever thought that you might have a problem with your drug use?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

{pre-MA38.8: if MA38.2 = [2,7,9] go to pre-MA38.10}

MA38.8. Have you ever injected any drug in order to get high, even just once?

- 1 Yes
- 2 No [GO TO pre-MA38.10]
- 7 Don't Know/Not Sure [GO TO pre-MA38.10]
- 9 Refused [GO TO pre-MA38.10]

MA38.9. How long has it been since you last injected a drug to get high?

- 1 Within the past 30 days
- 2 Within the past year (30 days to 1 year)
- 3 Within the past 5 years (1 to 5 years ago)
- 4 5 or more years ago
- 7 Don't Know/Not Sure
- 9 Refused

pre-MA38.10:

{[Recent drug users] If MA38.6a-h = (1,2) or MA38.9 = (1,2) then go to MA38.10.}

{[Ever drug users] Else if MA38.6a-h = (3,7,9) or MA38.9 = (3,4,7,9) then go to Section 39: Alcohol and Drug Treatment}

{[Non-drug users] Else if [MA38.1 = (2,7,9) AND MA38.2 = (2,7,9) AND MA38.4 = (2,7,9)] then go to Section 39: Alcohol and Drug Treatment}

The next set of questions are about things that might have happened as a result of using any of the drugs you may have used in the past 12 months. I won't be asking about which drug was responsible, only if it happened.

MA38.10. [Recent drug user] During the past 12 months, was there a time when ...

	Yes	no	dk/ns	ref
a. You spent a lot of time getting over the effects of the drug?	1	2	7	9
b. You used the drug more often or in larger quantities than you intended to?	1	2	7	9
c. Using the same amount of the drug had less effect than before, or it took longer to feel the effect?	1	2	7	9
d. Your use of the drug often kept you from working, going to school, caring for children, or taking part in recreational activities?	1	2	7	9
e. Your use of drugs caused you to feel depressed, suspicious of people, paranoid, or to have strange ideas?	1	2	7	9
f. Your use of drugs caused you to have any physical problems?	1	2	7	9
g. You wanted to stop using, or cut down on drugs, but found that you couldn't?	1	2	7	9
h. You made rules about where, when, or how much you would use the drug, and then broke the rules more than once?	1	2	7	9
i. Did you have symptoms such as anxiety, vomiting, or trouble sleeping as the effect of the drug was wearing off?	1	2	7	9
j. Did you take drugs to prevent or cure any of these symptoms?	1	2	7	9

Section 39: Alcohol and Drug Treatment

[Split 1, 3]

{If Split = 2 then Go to Section 40: Suicide

Else if Split = [1,3] AND Q13.1 > 65 then go to Section 40: Suicide

Else if Split = [1,3] AND Q13.1 = [18-65, or 7,9] then continue}

MA39.1. During the past 12 months has a doctor, nurse or other health professional talked to you about the negative health effects of illegal drugs or alcohol abuse?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

{[Ever Drug User] If MA38.1 = 1 OR MA38.2 = 1 OR MA38.4 = 1 then continue}

{[Ever Problem Drinker] Else if [Q8.2=2 AND Q8.1 =(107,230)] OR [Q8.2=3 AND Q8.1 =(105-107,220-230)] OR [Q8.2=4 AND Q8.1 =(104-107,215-230)] OR Q8.2=(5-76) OR Q8.3=(4-76) then continue.}

{Else if MA37.7 = 1 OR MA37.8=1 OR [MA37.3=2 AND MA37.2 =(107,230)] OR [MA37.3=3 AND MA37.2 =(105-107,220-230)] OR [MA37.3=4 AND MA37.2 =(104-107,215-230)] OR MA37.3=(5-76) OR MA37.6=(1,2,3) then continue.}

{Else Go to Section 40: Suicide}

The next few questions are about counseling or treatment for alcohol or drugs. Do not include treatment for cigarette smoking. First, I will ask about attendance at self-help group meetings. Please do not include educational classes in your answers.

MA39.2. [Ever drug user AND ever problem drinker] Have you ever attended even one meeting of a self-help program such as Alcoholics Anonymous or Narcotics Anonymous because you thought you might have a problem?

- 1 Yes
- 2 No [GO TO MA39.6]
- 7 Don't Know/Not Sure [GO TO MA39.6]
- 9 Refused [GO TO 39.6]

MA39.3. How long has it been since you attended a meeting of a self-help program?

- 1 Within past 30 days
- 2 Within past 12 months (1-12 months ago)
- 3 Within the past 2 years (1-2 years ago)
- 4 Within the past 5 years (2-5 years ago)
- 5 5 or more years ago
- 7 Don't Know/Not Sure
- 9 Refused

MA39.4. For how long {if MA39.3=1 then read "have you been attending"; else if MA39.3=2-9 then read "did you attend"} these meetings?

- 1 ____ (number of days)
- 2 ____ (number of weeks)
- 3 ____ (number of months)
- 4 ____ (number of years)
- 7 7 7 Don't Know/Not Sure
- 9 9 9 Refused

MA39.5. About how many self-help meetings have you ever attended in your entire life?
Would you say...

Please read

- 1 10 or fewer
- 2 More than 10 but fewer than 100
- 3 100 or more
- 7 Don't Know/Not Sure
- 9 refused

MA39.6. Have you ever taken a class for an offense of driving while under the influence of alcohol or drugs?

- 1 Yes
- 2 No **Go to MA39.8**
- 7 Don't Know/Not Sure **Go to MA39.8**
- 9 Refused **Go to MA39.8**

MA39.7. How long ago did you take a class?

- 1 Within past 30 days
- 2 Within past 12 months (1-12 months ago)
- 3 Within the past 2 years (1-2 years ago)
- 4 Within the past 5 years (2-5 years ago)
- 5 5 or more years ago
- 7 Don't Know/Not Sure
- 9 Refused

MA39.8. Now I will ask about professional help, not including self-help groups or educational classes. Have you ever received professional treatment or counseling for your use of alcohol or any drug?

- 1 Yes
- 2 No **[Go to pre-MA39.16]**
- 7 Don't Know/Not Sure **[Go to pre-MA39.16]**
- 9 Refused **[Go to pre-MA39.16]**

MA39.9. How many times in your life have you been in treatment or counseling?

- # times
- 7 7 Don't Know/Not Sure
- 9 9 Refused

MA39.10. How long ago were you in treatment or counseling **{if MA39.9>1 then read “the last time”}**?

- 1 Within past 30 days
- 2 Within past 12 months (1-12 months ago)
- 3 Within the past 2 years (1-2 years ago)
- 4 Within the past 5 years (2-5 years ago)
- 5 5 or more years ago
- 7 Don't Know/Not Sure
- 9 Refused

MA39.11. Which of the following was the main place you received treatment or counseling **{if MA39.9>1 then read “the last time”}**?

please read

- 1 Hospital Emergency Room
- 2 Hospital as an Inpatient
- 3 Detox Facility

- 4 Residential drug or alcohol rehabilitation facility
- 5 Outpatient drug or alcohol rehabilitation facility
- 6 Outpatient mental health facility
- 8 Private therapist or doctor's office
- 10 Some other place/facility **[specify]** _____
- Do not read**
- 77 Don't Know/Not Sure
- 99 Refused

MA39.12. How did your **{if MA39.9>1 then read "last"}** treatment or counseling end? Would you say you...

- please read**
- 1 Successfully completed treatment **[Go to MA39.14]**
- 2 Left treatment before completing it **[Go to MA39.13]**
- 3 Still in treatment now **[Go to MA39.14]**
- do not read**
- 7 Don't Know/Not Sure **[Go to MA39.15]**
- 9 Refused **[Go to MA39.15]**

MA39.13. What was the reason you did not complete treatment? Did you leave because...?

- please read**
- 1 You had a problem with the program?
- 2 You could not afford to continue treatment?
- 3 Your family needed you
- 4 You began using alcohol or drugs again
- 5 Staff discharged you
- 6 some other reason: **[specify]** _____
- do not read**
- 7 **Don't Know/Not Sure**
- 9 Refused

MA39.14. [If MA39.9=1] How long **{if MA39.12=(1,2) then read "did you stay"; else if MA39.12=3 then read "have you been"}** in treatment?
[If MA39.9>1] How long {if MA39.12=(1,2) then read "did you stay in treatment the last time"; else if MA39.12=3 then read "have you been in treatment this time"}?

- 1 ____ # days
- 2 ____ # weeks
- 3 ____ # months
- 4 ____ # years
- 7 7 7 Don't Know/Not Sure
- 9 9 9 Refused

MA39.15. Which one of the following sources paid the majority of the cost of your (if MA39.9>1 then read "last") treatment?

- Please read**
- 1 Private health insurance
- 2 Medicare
- 3 Medicaid
- 4 Family members
- 5 The Courts
- 6 Military health care
- 8 Employer

- 10 Other public assistance program
- 11 Your own savings or earnings
- 12 Some other source: **[specify]** _____
- Do not read**
- 77 Don't Know/Not Sure
- 99 Refused

pre: MA39.16:

**{ [Recent drug user] If MA38.6a-g = (1,2) OR MA38.9 = (1,2) then Go to MA39.16.
Else go to pre-MA39.17.}**

MA39.16. [Recent drug user] During the past 12 months, did you need treatment or counseling for your use of drugs but did not receive it?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

pre-MA39.17:

**{[Recent Problem Drinker]
If [Q8.2=2 AND Q8.1 =(107,230)] OR [Q8.2=3 AND Q8.1 =(105-107,220-230)] OR [Q8.2=4 AND Q8.1 =(104-107,215-230)] OR Q8.2=(5-76) OR Q8.3=(4-76) OR [Q8.1=(101-230) AND MA37.7=1] then
continue;
Else if [MA37.1 = 1 AND MA37.3=2 AND MA37.2 =(107,230)] OR [MA37.1 = 1 AND MA37.3=3 AND
MA37.2 =(105-107,220-230)] OR [MA37.1 = 1 AND MA37.3=4 AND MA37.2 =(104-107,215-230)] OR
[MA37.1 = 1 AND MA37.3=(5-76)] then continue;
Else if [MA37.5=1 AND MA37.6 = (1,2,3)] OR [MA37.1=1 AND MA37.7 = 1] OR [MA37.9=(1,2)] then
continue.
[Not Recent Problem Drinker] Else go to pre-MA39.18}**

MA39.17. [Recent problem drinker] During the past 12 months, did you need treatment or counseling for your use of alcohol but did not receive it?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

pre: MA39.18:

**{If MA39.2 = 2 AND MA39.8 = 2 AND MA38.7 = 1 then go to MA39.18;
Else if MA39.2 = 2 AND MA39.8 = 2 AND MA37.7 = 1 then go to MA39.18;
Else go to Section 40: Suicide}**

MA39.18. What is the main reason you did not seek treatment for your alcohol or drug use?

read only if necessary

- 1 Thought could handle the problem on my own
- 2 Did not think problem was serious
- 3 Thought problem would get better by itself
- 4 Could not afford treatment
- 5 Wanted to keep drinking or using drugs
- 6 Too embarrassed to talk about it with anyone
- 8 Did not think anyone could help
- 10 Was afraid of what friends, family, etc would think
- 11 Did not have the time
- 12 Other **[specify]** _____
- 77 Don't Know/Not Sure

Section 40: Suicide**[Splits 1,3]****{If Split = 2 then go to next section; Else if Split = [1, 3] then continue}**

The next questions deal with suicide. I realize this can be a sensitive topic and some people may feel uncomfortable with these questions. Remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. If you would like to skip this section please say so.

[IF RESPONDENT ASKS TO SKIP SUICIDE SECTION PLEASE CODE:

- 1 Respondent asks to skip section [GO TO NEXT SECTION]**
- 2 Continue**

Sometimes people feel so depressed and hopeless about the future that they may consider suicide, that is, taking some action to end their own life. The next questions ask about attempted suicide.

MA40.1. During the past 12 months, did you ever seriously consider attempting suicide?

- 1 Yes**
- 2 No [Go to Section 41: Follow-up]**
- 7 Don't know/Not sure [Go to Section 41: Follow-up]**
- 9 Refused [Go to Section 41: Follow-up]**

MA40.2. During the past 12 months, did you actually attempt suicide?

- 1 Yes**
- 2 No [Go to MA40.4]**
- 7 Don't know/Not sure [Go to Section 41: Follow-up]**
- 9 Refused [Go to Section 41: Follow-up]**

MA40.3. During the past 12 months, did any suicide attempt result in an injury or illness that required treatment by a doctor, nurse, or other health professional?

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

MA40.4. Who, if anyone, have you spoken to about {if MA40.1=1 and MA40.2=2 say "considering", if MA40.1=1 and MA40.2=1 say "considering or attempting"}, suicide?**[Code up to four]****Please Read**

- 1 No one [skip to end]**
- 2 A family member/friend or acquaintance**
- 3 A crisis hotline**
- 4 A therapist or counselor**
- 5 A medical provider**
- 6 Other professional**
- 8 Other (specify_____)**

Do not read

- 7 Don't know/Not sure**
- 9 Refused**

Closing:

If you or anyone you know is feeling depressed or considering suicide, they can get help on the phone by calling the National Crisis line at 1-888-784-2433 (1-888 SUICIDE). You can also speak directly to your doctor or health provider.

Section 41: Follow-up

[Splits 1,2,3]

MA41.1 Finally, would you be willing to be contacted at some time in the future to participate in a follow-up survey?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.